

How can you encourage medicines optimisation for patients with epilepsy?

In this article, **Jan Douglas** complements the material in the medicines optimisation briefing on epilepsy.

These briefings have been developed for pharmacists and pharmacy teams working in England and Wales.

Medicines optimisation is all about supporting patients so that they get the best possible outcomes from their medicines. It means using effective consultation skills (see: www.consultationskillsforpharmacy.com) in talking and engaging with individuals to understand their beliefs and concerns about their medicines and what they would like their medicine to achieve. It also involves ensuring that the medicine chosen for the patient is clinically appropriate, safe, effective and will help them to achieve their goals. It is about supporting the patient to continue to use their medicines in a way that fits with their lifestyle.

The medicines optimisation briefings we have produced are for pharmacy professionals working in all sectors of healthcare. We believe that, as experts in medicines and their use, pharmacy professionals are well placed to support patients to get the best outcomes from their medicines.

Medicines for epilepsy

The briefing distributed with this week's issue of *The Pharmaceutical Journal* focuses on medicines that are used for epilepsy. This is the second in a series of briefings that complement and build on each other. The content is not intended to be exhaustive; the aim is to improve your approach to and understanding of patients who have epilepsy.

Epilepsy is a serious neurological disease where the patient has a tendency to have recurrent, unprovoked seizures that start in the brain. Seizures are episodes of sensory disturbance, loss of consciousness, or convulsions associated with abnormal activity in the brain.

In the UK, over 600,000 people have epilepsy. Epilepsy and seizures can develop in any person at any age and are more common in young children and older people. The cause of epilepsy may be clear (eg, brain injury, stroke, meningitis); however in approximately 60 percent of people the cause is unknown.

The mainstay of treatment for epilepsy is with anti-epileptic drugs (AEDs). AEDs control seizures in about 70 percent of people living with epilepsy. Patient adherence with AEDs is very important as non-adherence can have significant and potentially disastrous consequences. Pharmacy teams can support people with epilepsy to ensure they are taking their AEDs in the most beneficial and optimised way.

Pharmacy professionals should ensure that they and their epilepsy patients keep a complete patient medication record (PMR), including over-the-counter (OTC) and hospital-only medicines, to help advise on drug interactions and side-effects.

Tips

Tips for pharmacy professionals to support people with epilepsy include:

Starting medication

- Newly diagnosed patients should be provided with advice about taking medicines every day and at the same time every day. Regular dosing intervals are critical with AEDs.
- AEDs are taken as an ongoing preventative treatment and should never be stopped abruptly.
- AEDs are taken for several years, and for many people for life.
- A consistent supply of the same product is important to people with epilepsy. Switching between branded original, branded generic and generic products or parallel imports for particular AEDs may cause adverse effects or loss of seizure control. For these AEDs, the Medicines and Healthcare products Regulatory Agency (MHRA) advises that patients are maintained on a specific manufacturer's product.¹ However for all patients, regardless of which AED they are taking, receiving different forms of their usual AEDs can confuse them and make them feel anxious about taking medication; this may result in lack of adherence and poor seizure control.
- People with epilepsy frequently have memory problems, which may be a function of the underlying disease or the medicines they are taking. This may cause problems with adherence to AEDs. Offer to help them with adherence routines and strategies that will work for them.
- Changing to a new AED can change the aura or prodrome, resulting in the patient no longer recognising the start of a seizure. Explain this to the patient so they can adjust to their new medicine with increased confidence.

Key points

- For children taking AEDs, check they are on the right dose and that this dose is increased correctly with their increasing age.
- Pharmacists can be involved in helping a young person make the transition from supported child to independent adult with epilepsy by discussing medication and management of their epilepsy.
- If the patient is a woman of childbearing age, talk to her about the importance of contraception; be familiar with interactions of AEDs with contraceptives so you can advise appropriately.
- Women taking enzyme-inducing AEDs need to have higher doses of emergency hormonal contraception.
- For women planning a pregnancy, they must seek pre-conception advice from their specialist; many AEDs have teratogenic potential, in particular sodium valproate.
- People with uncontrolled seizures have a higher risk of co-morbidities, particularly depression and anxiety.
- Therapeutic drug monitoring is not routine with AEDs but it is used if toxicity, non-adherence or drug interactions are suspected. It is also used in pregnancy and to monitor dose adjustments with phenytoin.
- If the patient is adhering to their AEDs but is not seizure-free, they may not have epilepsy and may have seizures of another origin; this is an indicator for re-referral.

- There are other, non-drug treatment options for epilepsy. These include epilepsy surgery, vagus nerve stimulation, ketogenic diet and deep brain stimulation. These specialist treatment options are considered if AEDs have not stopped or significantly reduced the number of seizures a person has.
- Epilepsy and AEDs can contribute to the risk of developing osteoporosis for some people. Bone density scans and calcium level checks should be up to date, particularly for post-menopausal women with epilepsy.

Case study

Amit was diagnosed with primary generalised epilepsy. A combination of lamotrigine and Tegretol® prolonged release has kept him seizure-free for six months. The pharmacist asks about the dose of his anti-epileptic drugs and establishes that the dose of both medicines was titrated up slowly over 18 months, and that he has been on these doses for at least six months. He takes 8 x 25 mg tablets of lamotrigine twice a day and 400 mg Tegretol® prolonged release twice a day. At a medicines use review (MUR) they discuss his AEDs. Unsurprisingly, he is unhappy taking 18 tablets a day. Following the MUR, the pharmacist speaks to Amit's GP, who agrees to change his lamotrigine script to one 200 mg tablet twice a day.

Finally, can you recognise a seizure and do you know how to give appropriate first aid? Your pharmacy may be the first port of call in an emergency. The charities [Epilepsy Society](#) and [Epilepsy Action](#) have excellent information about how you can help when someone has a seizure. Why don't you take a look?

Reference

1. Medicines and Healthcare products Regulatory Agency (MHRA). *Antiepileptics: changing products*. 2013.
www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Product-specificinformationandadvice/Product-specificinformationandadvice-A-F/Antiepilepticschangingproducts/index.htm

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